



HEALTHBEAT

NEWS FOR CANTERBURY DISTRICT HEALTH BOARD STAFF & COMMUNITY PROVIDERS

Adventure race a challenge for midwives



iantraffordphotos.com



Adventure race a challenge for midwives
page 5



Fresh face committed to better value for money
page 3



Making time for caring having big impact
page 8

Comment from the Chief Executive

Happy New Year to you all and best wishes for what I believe will be an exciting year for health in Canterbury. Despite predictions of a difficult year financially, I am very much looking forward to 2009 and being involved in a range of initiatives to improve the way we do things. Our new CEO; the Making Time for Caring project; closer relationships between primary and secondary care; developments with Improving the Patient Journey; and new Models of Care for various services are just some of the influences that I think will contribute to a fresh approach to the way we do things. I have enjoyed being your interim CEO and will return to my position as Executive Director of Nursing this month.

Kind Regards

Mary Gordon

Canterbury
District Health Board
Te Poari Hauora o Waitaha

Unsung heroes

Tribute is being paid to Payroll Department Staff and the Project Team involved in the implementation of Canterbury District Health Board's new PSe payroll system.

Finance Project Manager Krysl Liddell, says setting up the new system has required a lot of hard work over several months.

"There have been many very dedicated people working very long hours. It has been a great team effort by all concerned."

CDHB is one of the country's largest and most complex organisations and the transition to a new payroll system is a major undertaking. All involved have worked hard to respond to the inevitable issues which arise. Their effort and commitment is appreciated, she says.

Unsung Heroes

Vision and Hearing Testers have taken up the challenge to complete their part of the new B4 School Check programme.

HealthBeat is published monthly by the CDHB Communications Team. Deadline for copy is the tenth of the month, prior to publication. Communications Manager: Michele Hider Design and layout: Claire Freeman, Medical Illustration Printed by: Clarity Press View HealthBeat online at: www.cdhb.govt.nz/communications/publications.htm

Previously there was no hearing test for four year olds – only a vision and middle ear check at three and a half years, with the first hearing check at school entry at five years.

The Vision and Hearing Testers are contacting all the parents and caregivers of children turning four and starting some onsite clinics to offer an alternative testing venue, says Charge Nurse Manager Alison Clarke. Forms have had to be revamped and new processes initiated in Early Childhood Education Centres.

Within just a couple of months of the programme rolling out in September last year the team had completed more than 500 vision and hearing screens using the new testing protocols for four year olds. This was well on the way to achieving the Ministry of Health's target of 828.

Dressing receives innovation award



A dressing developed on Ward 16 of Christchurch Hospital for patients with severe necrotising pancreatitis has received an innovation award.

Danielle Spencer, Nina Baker, Christine Baxter and Cherie McKnight presented a submission on the treatment to the 10th Biennial National Surgical Nurses' Conference held

in Christchurch (5-7 November 2008).

The four nurses presented an abstract on (Minimal Invasive Retroperitoneal Necrosectomy, (MIRP) which is an alternative, less invasive option to open surgery, used to treat acute pancreatitis complicated by infective necrosis. MIRP was developed on ward 16 by Consultant Surgeon Saxon Connor.

The group of nurses performed a demonstration of the dressing technique used following a MIRP. The dressing involves an irrigation system to prevent the irrigated contents from leaking and damaging the surrounding skin. Their submission was voted the best of the conference and received the Innovations for Nurses' Award.

Tell us about your news and events!

Email naomi.gilling@cdhb.govt.nz ext 62124 or 3377 843, internal mail: Communications Team, Level 2, The Princess Margaret Hospital or Communications Team, Level 2, The Princess Margaret Hospital, PO Box 1600 CHCH 8140.

Fresh face committed to better value in the supply chain



“His area of expertise is a profession in its own right,” Director of Strategic Projects Jock Muir points out as I speak to the Canterbury DHB’s new Supply Chain Manager, John Osborne.

The comment is a reflection on the fact that many people are unaware of exactly what supply chain management is. When they hear the term images of warehouses and shipping often come to mind – but little else.

In its simplest terms supply chain management is the control and co-ordination of materials, information, and finances as they move from supplier to manufacturer, wholesaler, retailer and consumer.

Each year the CDHB spends \$165M on supplies and services. As Jock Muir and John Osborne put it - the CDHB’s Supply Chain Team (made up of Supply, Purchasing and Procurement) is committed to the timely, accurate and efficient purchase and delivery of goods across the organisation.

John says the ultimate aim of the Supply Chain team is for clinical and administration staff to spend less time and money ordering goods and services. In the future this will mean more resources are available for patient care. To achieve this the Supply Chain team help ensure money is spent on appropriate items and services, with the most appropriate vendors while at the same time making sure staff receive what they want when they want it.

John comes from a manufacturing and procurement

background in the United Kingdom, where he managed long term contracts for the supply of raw materials for the Pepsi franchise. He worked in a wide variety of commercial, operations and product development roles there.

He says both clinical and administration staff have a responsibility to spend the taxpayer’s money appropriately. Spending on items as diverse as stationery, radiology film and cardiac stents, as well as services purchased from external sources, will continually be examined to ensure best value for money is being obtained. Every requisition and invoice costs money to process.

“You might be able to get your post-it notes cheaper elsewhere but if you go to the nominated vendor the total cost will be considerably cheaper for the wider CDHB.”

Jock says it is important to remove inappropriate purchases. This involves raising awareness of what is appropriate and what is not and looking at ways stock can best be managed. .

“We want to get the best value for the money we are given.”

John says supply chain is an area that contributes huge value to the organisation and the CDHB’s supply chain team has undergone significant positive change in the last 12 months. This has been achieved through ongoing projects ensuring the process of ordering and receiving goods is as simple as possible, providing a high level of customer service and helping cost centre owners monitor and control their costs.

What they do

Customer Services and Supply team

Receives and delivers iProcurement orders and runs the warehouse which stocks in excess of 1500 types of product. They deal with many phone queries and deliver materials around CDHB.

Purchasing team

Create and track purchase orders with external suppliers. Each team member has a specialist area such as medical items or consumable products. They are key in negotiating pricing for non-contracted purchases.

Procurement team

Contract for ongoing goods and services. They obtain new medical products and co-ordinate medical product evaluations. They also source and manage commercial relationships with suppliers of goods and services and work on national procurement projects with other DHBs.

New ECG system



Charge cardiac technician Anna Blair.

Electrocardiograms (ECGs) results can be retrieved quickly and easily under a new system recently purchased by the Canterbury DHB.

Now, when a patient presents to the Emergency Department with chest pain staff can instantly look up and print out previous ECGs for that patient - rather than having to wait for their notes to arrive and hope it is in there

The ECG archiving system called MUSE by GE Healthcare, allows ECGs that are performed on GE ECG machines to be downloaded onto memory cards, then downloaded on to the MUSE.

“From then on all these ECGs are permanently electronically archived, and can be accessed via any CDHB computer with access to the intranet.” says Charge Cardiac Technician Anna Blair.

“Until now there has only been a single paper copy of the ECG. There have been numerous times where an ECG has been lost or damaged, resulting in the doctor being unable to view it. So far, we have four machines and we are waiting to receive a further three,” she says.

The Coronary Care Unit, Intensive Care Unit and ED all have monitoring systems that are hooked up directly to the MUSE. This means that all ECGs they produce are automatically archived. A MUSE link is set up on the CDHB Intranet, under Clinical Applications.

“All a staff member has to do is click on that and they will get the login box for MUSE (it says mschcmuse1). We have created a generic user name and password: musewebuser. If you enter that into both the user name and password fields you will be able to access the MUSE! Then all you have to do is search either for the name or NHI and find previous ECGs for Mr Bloggs.”

Bridget Robinson receives ONZM

Canterbury DHB Medical Oncology Service Clinical Director and cancer specialist at Otago University's Christchurch School of Medicine, associate professor Bridget Robinson, has been honoured for her services to medicine. Associate professor Robinson was awarded an ONZM (Officer of the New Zealand Order of Merit) in the New Year's Honours List.

She says the award came as a surprise. She believes it acknowledges the importance of cancer research and her drive for a cancer centre in Christchurch.

“It's nice to have been recognised but I am very conscious that no-one does anything by themselves.”

Associate Professor Robinson has been a CDHB employee since the late 1970s and employed in her current job at the university for the last 10 years. Her particular areas of interest are breast cancer, gastrointestinal cancers, sarcomas and other forms of cancer, as well as cancer research which links scientists to the clinic. Associate Professor Robinson has provided expert advice to many organisations and individuals, including the Health and Disability Commissioner, and been a member of several medical organisations.



Warm families project

Canterbury DHB is one of several organisations involved in a new programme aimed at improving low income families' health through improving the insulation and heating in their homes.

The Warm Families project, launched in December last year, begins this month. It has brought together key organisations across Canterbury to jointly tackle the issue of cold, damp homes.

“This is Canterbury's largest community project focused on warming up homes to tackle ill health. The provision of efficient heating in homes is essential to deal with the illnesses associated with harsh Canterbury winters,” Jane Cartwright, Chief Executive of Partnership Health Canterbury, a key project partner, says.

The Warm Families programme will focus on people on a low income who are eligible for the free influenza vaccine as they are considered to be most at risk of suffering ill-health due to cold, damp conditions.

Adventure race a challenge for women



Ruth Vaughan, Janet Atwell and Sharyn Davis complete the cycle section of the race.

The dictionary defines the word challenge as a test of one's abilities or resources in a demanding but stimulating undertaking.

Three Canterbury DHB midwives say they know all about that after taking part in the Macpac Spring Challenge in Kaikoura.

Ruth Vaughan, Sharyn Davis and Janet Atwell, all novices to multisport events, who dubbed themselves "The Mad Wives" say they were after adventure and got it.

As if getting soaking wet and cold while river rafting, cycling 50km and crossing rivers was not enough, at the end of the course they had to climb Mount Fyffe - just as the weather was closing in.

The trio took part in the women's adventure race after successfully gaining funding from a Healthy Living Active Lifestyle (HEAL) initiative grant. The race sees teams of

three women complete a six or 12-hour course. After a quick change they cycled 25 km down the state highway, past noisy seal colonies.

"At one point a goods train rumbled past while cars were driving past us on the other side which was quite scary."

The cycling continued through farm land and included three river crossings – where the women had to help each other carry their bikes. At 4pm they reached the bottom of Mount Fyffe and began a tramp up the mountain. Unfortunately it started snowing forcing them to return early to their bikes to begin the 14km ride and 2km walk to the finish line.

Ruth says they nursed sore muscles and were "absolutely knackered" afterwards but proud of their achievement. She wasn't expecting it to be as tough as it was. Despite this there is talk of trying again.

three women complete a six or 12-hour course.

The day started early with a 2 km walk/run to the rafts before rafting 11 km down the Clarence River. Ruth, who has only been living in New Zealand a year, after emigrating from Britain, says apart from fish and chips at the end, for her this was the best part!

"The scenery was so beautiful. Except we nearly had a collision with a large rock."

The women then had to clamber across the riverbank and up a muddy embankment feeling thoroughly exhilarated but

Christmas competition fun



Good fun was had by all who took part in the annual Radiation Therapists' competition for best Christmas themed area and best Christmas costume.

The event took place on December 19 with most teams doing a small singing or dancing performance. Judges this year were Radiation Therapist Clinical Manager Viv Ali, Treatment Supervisor Sarah Bradbury, and Clinical Director Radiation Oncologist Dr Iain Ward.

Viv says as usual staff were very creative. "All bribes were accepted including home baking and chocolates!" The overall winners were Dosimetry who did a fantastic performance dressed up as "Mrs Claus" singing and dancing to Santa (AKA Dr Steve Williams)."

CT Planning Team – Santa's workshop theme, left to right, Barrie Greene, Vicky Edlin, Drew Winter, Amy Koskela.

Cleaners essential members of the team

It is a fact that bears consideration every time we walk into a hospital – without cleaners hospitals would have to close their doors. They work closely with Infection Prevention and Control and help provide a hospital environment that is an important part of patient recovery and wellbeing.

Preventing health care acquired infections is the responsibility of all health care workers and cleaners are a vital part of that team, says Infection Control Nurse Julianne Toop.

Apart from general ward cleaning, they are an essential component of the outbreak management group. During a Norovirus outbreak staff “terminally clean”. This means cleaning a room from

top to bottom using dilute chlorine, the curtains are taken down and cleaned and carpets steam cleaned. All of this is done while wearing personal protective equipment.

“It’s very hard work,” Julianne says.

Cleaner Murray Hudson, who has worked at TPMH and Hillmorton for the last nine years, agrees that cleaning during a Norovirus outbreak is the hardest part of the job.

“Especially if there are four or five rooms that have to be done, or a whole ward. You have to wear masks, aprons and gloves. It can be uncomfortable.”

However he enjoys the variety of his job – he uses floor scrubbers, steam cleaners, and carpet machines as well as carrying out general cleaning - and the pride he feels in a job well done.

“You get a real sense of job satisfaction.”

He knows he is an important part of the hospital team.

“We are not rocket scientists – or doctors – and we haven’t gone to university. But if it wasn’t for us the place would close down, it has to be clean.”



Cleaner Kim Hume



Cleaner Murray Hudson

Kim Hume, who has been employed with OCS Health for six months and at present is assigned to Christchurch Women’s Hospital’s Gynaecology Ward, says she also enjoys the variety of the job.

“Time goes fast and you’re always busy. It’s always different and there are always lots of people around and things going on. Plus it keeps me fit and active.”

She found time spent working in the Bone Marrow Unit one of the most interesting due to all the disinfection procedures required.

Kim has previously worked as a sewing machinist and much prefers this role.

“When you go home you feel like you have achieved something. Everything looks nice and clean and you know you’ve done a good job.”

Infection Control has changed its name. It is now known as Infection Prevention and Control.



Family /Whanau Christmas Party

On the 10 December 2008, Te Whare Mauriora Unit at Hillmorton Hospital welcomed family/ whanau to share in a Christmas Party to mark the festive season. The luncheon had a bi-cultural theme, including a barbeque, hangi and lots of seafood. The seafood was gathered and prepared by patients with support from Maori Cultural Expert Pukenga Atawhai.

Unit manager Cathy Cameron said family members came from as far away as Nelson and Timaru, many accompanied by extended family. There was music, guitar playing and a singalong.

“People who attended found it a joyous time in a warm and welcoming environment.”

Staff and patients worked well together to make it a successful day, she said.

Give City to Surf a go

Canterbury DHB staff are being encouraged to take part in this year's City to Surf being held on Sunday 29 March. Fantastic prizes are on offer, everyone registered will receive a free team t-shirt to wear on the day and a light lunch will be provided after the event. The HEAL website, www.heal.org.nz, has all people need to know about registrations and training programmes for both the 6km and 12km events.

HEAL facilitator Hayley Shearer says 10-week programmes have been available on the website since early January. Anyone wanting to start training now must bear in mind the event is only a few weeks away.

"Be sensible – don't jump in to week five or six of a program if you haven't been exercising previously to the level required."

Training/nutrition tips and motivators are on the HEAL website including information on when and where walking and jogging groups are meeting (both from hospitals and locations in the wider Christchurch area).

If you are already involved in a walking or running group that is not currently on the list of groups and you are happy to have others join you, please let Hayley know so she can add this to the list of groups. (Hayley.Shearer@cdhb.govt.nz, ext 68971).

Join a group or two that fits with your schedule, bring friends or family members and meet some like minded people.

Nutrition tip

It is important to keep well hydrated when exercising, especially during the hot summer months. Drinking plain water is sufficient for maintaining hydration levels both before and after exercising.

Activity tip

Did you know that February is Bikewise month, with the 18th being "Go by Bike Day". Did you also know that on 18th March it's Walk to Work day?

Hayley says while not everyone lives or has meetings within reasonable walking (<2km) or cycling distances (5km) for a person of average fitness. "But how about getting creative?" Consider catching or being dropped off by the bus further from your usual stop.

If you must drive or taxi consider walking to a friend's first to car pool; park the car in the free parks further from your workplace; get the taxi to drop you off a few blocks away from your destination. Again, see the HEAL website for more ideas on this.

www.heal.org.nz

Christmas Day Meals on Wheels



People who spent Christmas Day alone and were unable to prepare a hot meal for themselves got a tasty festive surprise thanks to a huge effort by Canterbury DHB, New Zealand Red Cross and Medirest volunteers.

The 50 generous helpers, including family members, gave up two hours on Christmas morning to make a difference to people less fortunate by providing them with a free Christmas dinner. The 86 meals were cooked at Hillmorton Food Services on Christmas Day. The CDHB Meals on Wheels office, Food Services staff and Medirest donated labour on the day. Red Cross paid for the food ingredients and organised the drivers who were greeted by Red Cross in the Food Services staff room with orange juice, Christmas cake and mince pies. Cashmere Garden Club provided wrapped Christmas presents to go with each meal.

Nicky Moore says the event went so well they plan to do it again next year.

Programmes co-ordinator for the NZ Red Cross, Gerald Edmunds, says it was a wonderful effort. "It is very humbling. And I know the people who received the meals really appreciated it."

Making Time for Caring having big impact

It sounds simple and it is.

You only use one set of patient notes at a time. When you are not using them – put them back.

“Put It Back Jack” (PIBJ), one of the changes that has emerged from the pilot ‘Making Time for Caring’, has resulted in the average time spent looking for each patient’s notes being reduced from one minute, 39 seconds to 9.4 seconds, cumulatively saving hundreds of hours of staff and patient time a year.

Making Time for Caring, previously known as Releasing Time to Care, has been sweeping through wards 14, 28, 29, and 30 in a pilot scheme since March last year, improving patient care and staff wellbeing. And the plan over the next couple of years is for it to be in every ward in every Canterbury DHB hospital.

Clinical staff – including nurses, doctors and allied health professionals - say Making Time for Caring is giving them the time to stand back from the business of everyday work on the ward, to look at what they do and consider how things can be done in a better way.

As well as physical changes to their working environment there is something more – an intangible change to people’s spirits, says Project Manager, Business Development Unit, Wendy Botfield. Increased team-work, a sense of fun and positivity are all being seen, she says.

Following the successful pilot programme, Making Time for Caring will be rolled out to wards 18, 19, 26 and 31 at Christchurch Hospital this month as well as two Orthopaedic wards at Burwood and the Maternity Ward at Christchurch Women’s Hospital. The programme, which also involves patient consumer groups, aims to improve a patient’s journey by giving more time back to staff for direct patient care. It works on three levels; caring for staff; patients and the work environment. Its key principles are:

- Improving patient safety and reliability of care
- Improving patient experience
- Improving staff wellbeing
- Improving efficiency of care delivery

The four wards in the pilot programme have seen numerous changes, such as the introduction of patient status communication boards and reorganisation of office space, ward, treatment, medication and utility rooms and multi-patient bays.

Ward 28 Staff Nurse Erin Bensley says, Making Time for Caring has had a huge influence.

“It was hard work initially but it’s paying off now. Staff are working together as a team better. And communication about patients has improved a lot.”

Physiotherapist Catherine Digby says she enjoys being able to come up with ideas and have a forum to discuss positive changes. The patient status communication boards, which record information such as where patients are going to and date of discharge, are very useful.

Catherine Thompson, ward clerk, ward 30, said cordless phones have been put in each of the patient multi rooms, resulting in less time spent taking phones to patients. Patient discharges are happening at more streamlined times and her office space has been transformed. Changes as simple as taking the doors off cupboards and hanging the phone list in an easy to reach place had made a big difference.



Ward 30 Charge Nurse Manager Margaret Griffiths says she was enthusiastic from the start about Making Time for Caring.

“I felt really privileged to be chosen as part of this. I work in a busy acute medical ward with heavy workloads and lots of medical teams around. We’re working so fast and frantically at stuff that we think is so important – but

is it? When you’re so busy you don’t get time to stand back and look, but there have got to be better ways to do some things. Now we’re beginning to examine our environment.”

Positive changes so far include nurses working in teams and in the same geographical area of the ward their patients are in. This is also good for supporting new staff. Trolleys not being used are now tucked away in cupboards while linen and other supplies are now stored in designated areas near where nurses are actually working, she says.

Ward 30 Staff Nurse Debbie Donald says:

“It has made us look at our environment in a different way. Before we didn’t have time to stand back and look at it.

As we went on and saw the physical changes happening people got more involved.”

Key changes include:

- The sluice room. In the past getting items for a patient wash involved many steps around the room gathering materials. After creating a spaghetti diagram of the activity, it became obvious that the answer was to store all the wash materials in one area, reducing the number of steps and amount of time spent there. Time saved = 6 seconds per wash and 11 steps – this equals about three shifts of nursing time per year per ward.

However Project Manager Lynn Davies, says Making Time for Caring, a project under the Improving the Patient Journey umbrella, is not just about tidying up wards to make them more efficient.

“It is about empowering staff to look at the ways they do things and think ‘is there a better way?’ It’s looking at ways to reduce waste in everything staff do and in all our processes and systems, such as duplicating roles and communication. People can spend a lot of time reporting the same information.”

This is time that could be reinvested in delivering hands-on care to patients enabling a safer, better experience for them. Based on the success of the pilot some parts of the programme, such as patient status communication boards and PIBJ will be rolled out more quickly, with the

full programme starting in other divisions early this year. Road shows will be happening this month. Keep an eye out for information on how you can get involved.

“Congratulations on an excellent set of nursing practices. In particular I think the shift handover process is very beneficial in terms of maintaining continuity of patient care... I was very nervous about my surgery post operation and the above approach mitigated my nerves.” (patient)

“I feel communication is much better. I now have to consciously think of other members of my team. I now realise that before we started this I wasn’t as much of a team player as I thought I was.” (senior staff nurse)

“After coming back from leave I have noticed lots of changes. I love the space in the service room and the layout of the drug room. I am amazed at how much ‘stuff’ is stored in various rooms that we don’t even use. Making Time for Caring is great and I am adapting the entire process for my house.” (staff nurse)

“It’s great. I know where the nurse should be to find her. When specialising, I’m seeing the nurse a lot more often.” (hospital aide)

“It is really great. I got to look after the patients in the special care unit but knew I had two nurses to help.” (new graduate nurse- 1st placement)

“I’m a complete convert to the patient communication boards. When are you going to introduce them on the other wards? I miss it!” (house officer)

Travel plan winners



The staff and visitor travel plan for the Princess Margaret Hospital is well on its way thanks to the great response to the travel surveys from you, the staff. Everyone working at The

Princess Margaret Hospital was invited to complete the survey to help create a travel plan for the site to improve transport provision to and from the site and form the basis of future transport developments for staff. Four spot prize winners were randomly drawn by an independent adjudicator.

Medical administrator Shirley Scott (left) and project facilitator Gillian Pearce who were two of the prize winners in the PMH staff travel plan survey. Gillian won a hamper and Shirley won \$30 of metro bus vouchers. The other winners were Consultant Psychiatrist Brian Craig, who won Coffee Culture vouchers, and Needs Co-ordinator Liane Davison, who won cinema vouchers

supervalue
just what you need

Recipes produced in partnership with SuperValue supermarkets

under \$10* **10min** **10min + 10min cooking** **4 people** **RECIPE # 5**

*price at time of print

Tasty Tuna Salad

This tuna salad is perfect for quick and easy entertaining.

400g purple-skinned kumara
2 eggs
1/4 cup light mayonnaise
2 tsp lemon juice
1 tsp soy sauce
1/2 tsp curry powder
1 cup frozen peas, thawed
185g tuna in spring water, drained and flaked.
2 tomatoes, sliced
1 stalk celery, chopped
2 Tbsp slivered almonds
8 large crisp lettuce leaves, coarsely torn

1. Place eggs in a medium saucepan of water and bring to a simmer. Cook for 10 minutes, drain and cool in cold water for 10 minutes.
2. Roughly peel kumara and cut into 1cm cubes. Cook kumara in a steamer above the eggs while they are cooking, or cook in the microwave. Cool.
3. Combine mayonnaise, lemon juice, soy sauce and curry powder in a small bowl.
4. In a large bowl, combine peas, tuna, tomatoes, celery, almonds and kumara. Combine with the dressing.
4. Slice the shelled eggs and add. Serve on lettuce.

Alternatives:
Use pine nuts instead of almonds for a different flavour.

Health Tip:
Cook a few extra hard boiled eggs, as they make a great snack for school tuckers.

supervalue
just what you need

Diabetes still sweet for Maggie Wilson



Pegasus Health Service Development Manager – Long-term Conditions Maggie Wilson

Pegasus Health service development manager Margaret (Maggie) Wilson is still injecting others with her passion for diabetes 20 years into her career. In November she received a life-time recognition award from Diabetes Christchurch and the Christchurch Polytechnic Institute of Technology and Diabetes Christchurch have set up diabetes training scholarships in her name.

However she says her professional path was more chance than choice. Maggie qualified as a registered nurse in 1984, but five years and an

OE later she was looking for a career redirection.

“I have always liked teaching and being a diabetes educator was the first job that came up. It was accidental really.”

She started as a part-time assistant in a small team at Princess Margaret Hospital, but when diabetes came to the medical forefront and services grew rapidly, Maggie was asked to manage the new Diabetes Centre. She

set about her life’s work; establishing training to enable registered and enrolled nurses to identify and manage diabetes in General Practices and in the community.

When Maggie joined Pegasus Health in 2000 she wrote a four-and-a-half hour educational programme for practice nurses, but realised it was not enough. She badgered CPIT to develop a diabetes course for nurses and ended up writing the five day, level seven graduate course in conjunction with the Diabetes Centre.

CPIT leader of graduate studies for registered nurses Daphne Manderson says the course is having an impact on diabetes management, up-skilling registered nurses in a really important way.

A diagnosis of motor neurone disease means Maggie is slowing down diabetes advocacy a little, and testing out the health system for herself. But she is still keeping her finger on the pulse.

“Diabetes management has come a long way in 20 years,” Maggie says. “I think General Practise is much better at screening for diabetes and looking out for diabetes. I think the profile of it has improved.”

Diabetes Christchurch community liaison officer Lynne Taylor said Maggie had been an honorary patron of the Diabetes Society for seven years.

“She’s probably made more inroads than anyone I can think of, so far as a nurse’s understanding for a diabetes patient’s point of view.”

Comings and Goings

Sandra Walker

Sandra Walker began her new role as General Manager, Specialist Mental Health Service this month. Sandra started her career as a Psychiatric Nurse undertaking her training in Christchurch at Sunnyside Hospital. Following a number of years practice as a nurse, Sandra moved into nursing leadership roles at Sunnyside Hospital followed by several years as a Unit Manager in Larundel Psychiatric Hospital in Melbourne. She held senior leadership positions in both the primary and secondary health sectors in Victoria.

Allan McGilvray



Allan McGilvray has been appointed General Manager Human Resources. He took up the role early last month after relocating to New Zealand from Australia. Allan has significant

experience working with organisations in strategic consulting, senior human resource roles and executive capacities across major national and multi-national organisations such as Santos Ltd, Qantas, Carter Holt Harvey and ICI in Australia, New Zealand, South East Asia and the United Kingdom.

Al McDougall



Al McDougall has been appointed Nursing Director Surgical Services. He began his new role on 8 December last year.

After finishing his nursing degree, Al worked for a large nursing agency in Queensland before entering the private sector focusing on intensive care nursing and high dependency care. He moved to New Zealand in 1996 taking up a staff nurse position at Burwood Hospital, helping to set up the cardio-respiratory rehabilitation area. He returned to Queensland to work in cardiac surgery nursing but came back to Canterbury where he has held various positions including ward 18 charge nurse manager.

Jan Barber

Jan has been appointed new South Island Shared Service Agency Limited (SISSAL) Health Service Planner. Jan began her career as a clinical pharmacist. In 2001 she was regional manager for First Health and PrimeHealth GP organisations, where she was involved in the establishment of three public health organisations. Over the last five years she has worked as regional service planner for the five Midland DHBs. She was also involved in the Northern Region Regional Planning approach, the Clinical Service Plan development for Otago and Bay of Plenty DHBs and a component of the West Coast Sustainability Project.

What's up...

February

National Bike Wise Month - www.bikewise.co.nz

- 6 Waitangi Day
- 9-15 Heart Appeal Week - www.nhf.org.nz
- 9-15 Epilepsy Awareness Week - www.epilepsy.org.nz
- 16-22 IHC National Awareness and Appeal Week - www.ihc.org.nz
- 18 Go By Bike Day - www.bikewise.co.nz/Site/gobybike/default.aspx
- 18 'Optimising Quality of Care: From evidence to action - the use of indicators to drive quality improvement' Conference. Go to www.sixhats.co.nz/oqc09 for more information.
- 26 LifeLine Christchurch's Annual Dinner and Charity Auction
Contact Margaret Howie for more information - development@lifeline.co.nz.

March

- 24-2 Muscular Dystrophy Awareness Appeal Week - www.mda.org.nz

University of Otago, Christchurch Health Lecture Series 2009 Rolleston Lecture Theatre For more information call 364 1199

Wednesday February 18, 7.30pm
'What we can learn about heart disease from long running studies'
Professor Dan Levy, Director, Framington Heart Study, Boston.
Margaret Black Visiting Fellow 2009

Wednesday February 25, 7.30pm
'Ten things the alcohol industry won't tell you about alcohol'
Professor Doug Sellman. National Addiction Centre

Wednesday March 4, 7.30pm
'Altered brain function and depression. Implications for treatment'
Dr Richard Porter, Department of Psychological Medicine

Memories of over half a century

On his first four days in the job 16 year-old Neville Turner spent eight hours sharpening every drill in Christchurch Hospital's Medical Physics Department.

"I remember it well," he says.

But it didn't put him off. In the 53 years continuous service that followed he says he never considered leaving to work anywhere else.

Neville was the Canterbury District Health Board's longest standing employee, when he retired on Christmas Eve last year. In that

time he is believed to have helped an entire generation of surgeons and two generations of some families.

A retirement celebration was held for him in December in the Medical Physics & Bioengineering Department workshop.

Neville started at Christchurch Hospital on 1 August 1955, as a trainee surgical instrument maker and continued as a surgical instrument technician there throughout his entire working career. For the last 14 years he was manager of the department's mechanical workshops.

"But I still wore a blue coat. I was not really an office person," he says.

Neville started in the job after a man who ran a welding shop in Halswell recommended him. He says he learnt his trade from former CDHB employee Harry Powell and just "picked it up as I went along." Every day was a challenge – especially since back then most of the instruments were made by hand in the department.

"If we could get a drawing of something we would just copy it."

A lot of time was also spent sharpening items such as hyperdermic needles, cut-throat style razors, and scalpels.

At home he spent many hours on his "hobbies" - wrought iron work, servicing medical instruments and even making diagnostic couches (something he gave up just two years ago). Neville, who is a registered collector of New Zealand artefacts, says he does not plan to put his feet up in retirement but will continue his lifelong love of making things, restoring old machines and equipment and collecting antiquities – including adding to his 60-strong collection of antique axes.

Whereas other people might go to the West Coast to fish or relax, he says -

"I would rather be doing something. I have got plenty to do."





New Zealand Government

It takes Three

One thing you can protect them from.

You can't protect them from everything, but you can help protect them from cervical cancer. **The cervical cancer vaccine is available to all girls aged 12-18 in Canterbury from their General Practice, not at schools as in other parts of New Zealand.** The vaccine protects against the virus that most commonly causes cervical cancer. It takes three injections in the upper arm over six months.

For more information about the cervical cancer vaccine, talk to the Practice Nurse at your daughter's General Practice.

For more information visit www.cervicalcancervaccine.govt.nz or call 0800 IMMUNE (0800 466 863)

Canterbury
District Health Board
Te Pōari Hauora o Waitaha

 **MINISTRY OF HEALTH**
MANATU HAUORA